DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES **DIVISION OF ENVIRONMENTAL HEALTH** CHILD CARE FACILITY INSPECTION REPORT Inspection Date: ESTABLISHMENT NAME: REASON GRADE THN VICTORIA'S CHAMORY DAY CARE Regular OWNER/OPERATOR: Follow-Up IRIARTE, MARIE LYNN 11:00 Complaint OCATION: Establishment Type: RATING Investigation SINAJANA FAMILY DAY CARE HOLLE Sanitary Permit No.: Other: 20000 160002114 PERMIT STATUS: _ Valid Expired No. of Children: 2 Male 4 Female 6 Total Child Care License: No.: 8024-15 / / Valid / / Provisional // Expired The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date. REMARKS DEMERIT CORRECT BY ITEM* A REGULAR, GUMETERLY INSPECTION WAS CONDUCTED TODAY. ONE OF THE VIOLATIONS ON PREVIOUS INSPECTION DATED 09/25/16 WAS CORRECTED (MEM # 13); HOWEVER, FIETH # 21 WAS NOT CORRECTED AS DESCRIBED RELOW. IN ADDITION, THE ENLOW-ING NEW VIOLATIONS WERE OBJERVED. JOAP WOT PROVIDED FOR HANDWASHING SINK IN THE KITCHEN 13 AND IN THE RESTROTM SOAP SHALL BE PLOVIDED TO PROMOTE PROPER HONDWILLING. REPET NOT WATER NOT PROVIDED FOR KITCHEN SINK. HOT WATER SHALL BE PROVIDED FOR PROPER CLEANING WASHING OF UTENILS. GARBAGE BINS IN THE KITCHEN, NEXT TO CHANGING STATION, AND 23 IN THE RESTRUTION NOT PROVIDED WITH TIGHT-FOTING LIOS. GARAGE CONTAINERS SHAU HAVE TIGHT-FITTING LIDS TO PREVENT HARBORAGE OF PEJIJ. COS: RESTROOM PROVIDED WITH A GARBAGE BIN THAT ITMS A-716HT-FITTING LID. I have read and understand the above violation(s) and I am aware of the corrective measures to be taken. Received By (Name & Title):

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*Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:

(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

DEH Inspector (Name & Title):

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DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH

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RE Regular	ASON	GRADE	Inspection Date:	ESTABLISHMENT NAME: THAN VICTORIALS CHAMORU	DAY C	RE
Follow-U	Up	21	Time In/Out:	OWNER/OPERATOR: IRIARTE, MARIE LYNN	Artificity point	an edadona
	Investigation RATING / 13 // 100	LOCATION: Establish	nment Type:	RE HOME		
	tingle	C	20000 160002114	PERMIT STATUS:ValidT	emporary	Expired
			FemaleTotal	Child Care License: No. 2024 15 / Valid		The second secon
The inspection	following it on or soone	r as the Dep	partment indicates. Nor	ay in the operations and facilities which must n-compliance may result in downgrading or p at be submitted before the indicated correctio	ermit susper	sion. To appeal
ITEM*	Egyntzesek (nris arride to	REM	ARKS	DEMERIT	CORRECT BY
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31	CRIOS	IN BOJH	ROOMS WERE PO	THO TO BE GENERALLY ONCLET	W; 2	01/19/16
	NO VENTILATION PROVIDED FOR RESTREOM.					
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	AND IN SANITARY CONDITION.					
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I ha	ave read a	nd underst	tand the above violati	on(s) and I am awake of the corrective m	neasures to	be taken.
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	10 day	s of this in	spection:	DEH Inspector (Name & Title):	- 0	
(2), (4),	(6), (14) , (21)	1), (23), (24),	, (27), (28), (39) & (40).	LETLANT NAVARRY, EPITO I	- 02	

Rev: 08/2/05 DEH-06



DEPARTMENT OF DIPATTAMENTON



EDDIE BAZA CALVO GOVERNOR

RAY TENORIO LIEUTENANT GOVERNOR

F PUBLIC HEALTH AND SO VISALUT PUPBLEKO YAN SE			
		JAMES W. GILLAN DIRECTOR	
		LEO G. CASIL DEPUTY DIRECTOR	
_	Date: 12/20/16		

'S CHAMORU ONY CARE

As a result of this inspection your establishment received a:

LETTER OF WARNING	All the same	21/0	
	(D	emerit/Grade Points)	

Once you have corrected all violations cited on your establishment's inspection report, you must provide us a written request for re-inspection to include a description of the corrective measures that you have implemented. If we do not receive a written re-inspection request from you, we will conduct a follow-up inspection after ten (10) calendar days from the official receipt of this notice to ensure that corrective measures have been taken.

Failure to correct violations may result in the closure of your establishment pursuant to section 21109(b) of 10GCA, Chapter 21:

□ NOTICE OF CLOSURE		
	(Demerit/Grade Points)	

Once you have corrected all violations cited on your establishment's inspection report, you must provide us a written request for re-inspection to include a description of the corrective measures that you have implemented Unlike an establishment who has received a letter of warning, an establishment shall remain closed unless a written request for re-inspection is made. Under 10GCA §21109(b), you may request a hearing within five (5) calendar days of the date of this notice.

We look forward to working closely with you as partners in promoting health and sanitary practices on Guam. If you need further assistance, you can reach us at 735-7221 or (fax) 734-5556. Si Yu'us Ma'ase.

Received By:

Establishment Representative

123 CHALAN KARETA, MANGILAO, GUAM 96913-6304 www.dphss.guam.gov • Ph.: 1.671.735.7102 • Fax: 1.671.734.5910

Tan Victoria's Chamoru Day Care December 20, 2016

By: L. Navarro



No sanitary soap in handwashing sink



Garbage bins not provided with tight-fitting lids



No means of ventilation provided in restroom



One crib is unclean

Tan Victoria's Chamoru Day Care December 20, 2016

By: L. Navarro



Crib in another room is unclean



No thermometer in kitchen refrigerator